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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/473,662
Filing Date	12/29/99
First Named Inventor	William Risen
Group Art Unit	3625
Examiner Name	Rosen, N.
Total Number of Pages in This Submission	16
Attorney Docket Number	Risen - 01 - C1

Total Number of Pages in This Submission

16

Attorney Docket Number

Risen - 01 - C1

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <i>No fee required</i>	<input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	

<input type="checkbox"/> Alter Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
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Remarks

OFFICIAL

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Diane F. Covello Reg. # 34,164	
Signature	Diane F. Covello	
Date	Jan. 9, 2003	

FAX RECEIVED

JAN 09 2003

GROUP 3600

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Assistant Commissioner for Patents, Washington, DC 20231, at fax # 202-703-7627 on this date: January 9, 2003.

Typed or printed name	Diane F. Covello
Signature	Diane F. Covello
Date	1-9-03

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FAX

Date 1/9/03

Number of pages including cover sheet 17

TO: Assistant Commissioner
for Patents
Washington, DC
RE: U.S. Application No.
09/473,662 filed 12/29/99

Phone
Fax Phone 703-305-7687

FROM: Diane Covello

Phone 860-233-0872
Fax 860-233-0872

REMARKS: *Urgent* *For your review* *Reply ASAP* *Please Comment*

See attached Amendment.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of William Risen et al.

Serial No. 09/473,662

Examiner: Rosen, N.

Filing Date: 12/29/99

Group Art Unit: 3625

For: Method of Protecting Against a Change in Value of Intellectual Property, and
Product Providing Such Protection

Assistant Commissioner for Patents
Washington, DC 20231

BOX Non-Fee Amendment

Sir:

AMENDMENT

In response to the Office Action dated October 9, 2002, please amend the above-referenced application as follows:

IN THE SPECIFICATION:

Please revise page 15, line 22 by changing "this" to --the '620-. A replacement page 15 is attached. A marked up version of original page 15 is included in Appendix 1.

IN THE CLAIMS:

Please amend claims 1 and 22 by substituting the attached sheets of pending claims for the prior pending claims. A marked up version of the claims is included in Appendix 1.

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